



DEPARTMENT OF FINANCE & ADMINISTRATION
Office of Personnel Management
Emergency Hire Request

Employee Name (Last, First, Middle)		Personnel Number or SSN (if applicable)	
Business Area	Personnel Area	Organization Unit	
Position Number	Job Title	Class Code	Pay Grade Type
Position Is: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Agency certifies that Applicant meets official minimum qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No		

JUSTIFICATION:

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Agency/Institution Approving Authority

Agency/Institution Approving Authority	Date MM/DD/YY
Agency/Institution Approving Authority	Date MM/DD/YY

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	OPM Approving Authority	Date MM/DD/YY
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Chief Fiscal Officer of the State	Date MM/DD/YY